

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/069097

FILING DATE

APPLICANT(S)

AS FILED		CLAIMS			
IND.	DEP.	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	↓	TOTAL IND.	↓	TOTAL IND.	↓
TOTAL DEP.	↓	TOTAL DEP.	↓	TOTAL DEP.	↓
TOTAL CLAIMS	↓	TOTAL CLAIMS	↓	TOTAL CLAIMS	↓

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS